

FY2025 MEANS TESTED SENIOR EXEMPTION

TOWN OF ARLINGTON

APPLICATION FOR EXEMPTION

General Court of the Commonwealth of Massachusetts Chapter 285 Acts of 2020

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

It is however, reviewed and inspected by members of the Board of Assessors and authorized personal of the Office of the Board of Assessors

Requirements

Age: 65 or older (co-owner must be 60 or older)

Resident: Must be a resident of Arlington as of December 31, 2023

Income: Must meet the Massachusetts Senior Circuit Breaker Limits for 2023:

● Single: \$69,000 ● Head of Household \$86,000 ● Joint \$103,000

Homeowners' principal residence valuation not to exceed \$1,025,000

Assets: Maximum of \$250,000 excluding primary residence

Necessary Documentation

Completed Application

Proof of Age

Schedule CB from your Massachusetts Income Tax Return*

Proof of value of all assets

Trust documents if primary residence is held in Trust

*If homeowner did not file Schedule CB additional income reporting & documentation is required

Application Deadline – September 5, 2024



ARLINGTON
MASSACHUSETTS

OFFICE OF THE BOARD OF ASSESSORS
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FY 2025 Means Tested Senior Property Tax Exemption

General Court of the Commonwealth of Massachusetts Chapter 285 Acts of 2020

This application is not open to public inspection.

The FY 2025 filing deadline is September 5, 2024.

The deadline cannot be extended or waived by the Board of Assessors for any reason.

Applications received after September 5, 2024, will be deemed denied.

APPLICANT INFORMATION

Include applicant, spouse, and any co-owner(s) in the home as of December 31, 2023

Name First, Middle Initial, Last	Relationship to Applicant	Date of Birth MM/DD/YYYY	Marital Status
	APPLICANT		

Were all Co-Owners at least 60 years of age, as of December 31, 2023? **YES** **NO**

Legal Residence				
	Street Address	Town	State	Zip Code
Mailing Address (if different)				
	Street Address	City/Town	State	Zip Code
Please provide at least one ➔				
	Home Phone	Mobile Phone	E-mail Address	

Is the ownership of the property in a trust as of December 31, 2023? **YES** **NO**

If **yes**, please attach all Trust instruments including all schedules.

Income: Must meet the State Circuit Breaker Limits (for 2023; Single \$64,000, Head of Household \$80,000, Married filing jointly \$103,000)

If you filed for the Senior Circuit Breaker Tax Credit (Schedule CB) with your 2023 Massachusetts Income Tax Return, please provide copy of Schedule CB

If you did not file for the Senior Circuit Breaker Tax Credit (Schedule CB) with your Massachusetts Income Tax Return. Please contact the Office of the Board of Assessors for an Income Schedule Form

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ASSETS					
Real Estate		Assessed Value FY 2024		Amount Due on Mortgage	
Homeowners Principal Address:		\$		\$	
Other Real Estate, Address:		\$		\$	
Personal Assets					
Enter account balances, as of December 31, 2023, for all assets. All assets require proof; see documentation listed below.					
Required Documentation	Assets (Use account balance/ actual value as of 12/31/2023)	Applicant & Spouse (if applicable)		Other Co-owner(s) (if applicable)	
All pages of Bank Statements as of December 31, 2023	Checking Account	\$		\$	
	Savings Account	\$		\$	
	Money Market Account	\$		\$	
	Certificate of Deposit (CD)	\$		\$	
All pages of Account Statements as of December 31, 2023	IRA(s)	\$		\$	
	401K, 403B & 457B	\$		\$	
	Brokerage Annuity or Mutual Fund Accounts	\$		\$	
	Stocks or Savings Bonds (Attach List)	\$		\$	
	Business Accounts	\$		\$	
	Whole Life Insurance Policy	\$		\$	
CY 2023 Excise statement	Car(s), Boats (s), Motor Home, Trailer	\$		\$	
relevant statement	Other Miscellaneous Assets (specify)	\$		\$	

Assets Maximum of \$250,000, excluding primary residence

SIGNATURE. Sign to complete the application

This application has been prepared and examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct, and complete. I also understand that failure to cooperate with any review of my eligibility may cause the application to be denied.

Applicant Signature

Date

Spouse/Co-Owner Signature

Date

Completed on behalf of Applicant by

Relationship

Signature

Date

If you have completed this form on behalf of the applicant/ homeowner please provide us with contact information, should the need arise.

printed name

phone number